ABSTRACT

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WARREN, MAGGIE B.S. MORRIS BROWN COLLEGE, 1988

FACTORS CONTRIBUTING TO THE LATE ONSET OF ALCOHOLISM AMONG ELDERLY AFRICAN AMERICANS RESIDING IN A RETIREMENT COMMUNITY

Advisor: Professor Hattie M. Mitchell

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The objective of this descriptive study was to examine the following variables: (a) Historical backgrounds, (b) Family relations and support networks, (c) Life satisfaction, (d) Anxiety and depression, and (e) Late onset alcohol use. To attain this objective, a reliable and valid self-administered forty-five (45) itemed questionnaire was given to twenty-five (25) males, five (5) females, ranging in ages from fifty-five (55) and older, residing in a retirement community located in Baldwin County, Georgia.

The study was an attempt to provide a clear understanding of the late onset of alcoholism among elderly African Americans. The findings suggest that upon retirement, there are a significant number of elderly African Americans who experienced late onset alcohol use because of depression and dissatisfaction with life.

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MAGGIE WARREN

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CHAPTER ONE

INTRODUCTION

Dyer notes that, each year over 10 to 15 percent of Americans from a variety of racial and ethnic groups, all social class strata, all ages and all regions of the United States, become alcoholics. Of those, some 50,000 African American elderly persons are impacted.[1]

Alcoholism knows no boundaries-people of all races, culture, incomes, genders, young and old alike, have an equal opportunity to become addicted to alcohol. Alcoholism is then a serious problem for the elderly. African American elderly persons are faced with many social, economic, health, and personal problems, as has been well documented by numerous studies.

One gap in our social work knowledge about alcoholism is an understanding of the African American elderly persons' own definition of their needs and problems with the late onset of alcoholism and their definition of acceptable sources and forms of help. This researcher feels that such knowledge is crucial to this population and to informed policy makers.

This study is undertaken to address that gap in social work knowledge. Alcoholism is not simply an individual, couple, family, or social group phenomena; it is a social phenomenon of the first magnitude.[2] Alcoholism is the

leading cause of death, family violence, separation, and death.

This research on the late-onset of alcoholism among elderly African Americans residing in a retirement setting is designed to examine the factors leading to this condition once the person has retired from the work force. This descriptive study will provide a historical perspective of alcohol use and alcoholism among elderly African Americans, provide a discussion and recommendation based upon what we know about alcohol and its impact on family relations, life satisfaction, anxiety and depression, and the late-onset of alcohol abuse among elderly African Americans.

Statement of the Problem

A significant number of elderly African Americans are alcoholics. Issues and trends as it pertains to alcohol problems in the African American community has received a very low priority from the social work profession. This situation is even more marked among retired elderly African Americans residing in retirement settings. What is needed in this respect is more explanatory studies? There is an added need for social work research that appreciates the diversity of drinking behavior within the African American population. There is a dearth of empirical data regarding the unique problems of alcoholism among the elderly African Americans.

What is it in the social organizations of residing in retirement settings that is conducive to the problem of late onset alcoholism among elderly African Americans?

According to Albee, to address problems of alcoholism among African American elderly, it requires finding a way to address institutionalized prejudice, poverty, and racism as precursors of alcohol problems.[3] These obstacles do not diminish the importance of this study in addressing: family relations, life satisfaction and contentment, anxiety and depression, and late-onset of the abuse of alcohol among elderly African Americans. They simply remind the social work profession that the challenge is an arduous and, at times, a perplexing one.

Significance of Study

In recent years, the high incidence of alcoholism among minority populations has become identified as a major health and social problem. This concern has drawn together health, welfare, and education agencies to combat the devastating medical, social, emotional, and economic problems related to alcoholism.

In view of the significant number of individuals affected by alcoholism, there is a need for social work research to address issues concerning the family relations, life satisfaction and contentment, anxiety and depression, and late-onset of the abuse of alcohol among elderly African Americans residing in a retirement setting.

Few sources exist in social work research literature that presents empirical data on this population and the management of alcoholism among elderly African Americans. This descriptive study is significant because of the concerted effort to address the issues of how to reach this population and what their involvement should be. More efforts are needed to know how to provide sensitive, culturally relevant supportive services to this population. Certainly by exploring those factors which contribute to the late-onset of alcoholism among elderly African Americans can play a major part in social work effectively treating and preventing alcoholism.

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CHAPTER TWO

LITERATURE REVIEW

This literature review concerns one of the numerous problems of this societal system - alcoholism. The primary issues under consideration in this literature review are:

-- Historical Perspective

-- Family Relations and Support Networks

-- Life Satisfaction

-- Anxiety and Depression

-- Late Onset of Alcoholism

Historical Perspective

Harper notes that it was during slavery that African Americans began to use alcohol in the form of heavy weekend and holiday drinking. Such drinking provided a sort of outlet and escape from the hardship of slavery as well as a means of recreation.[1]

Larkins notes that many Blacks were legally segregated from the mainstream of social functions and opportunities; many Blacks of the early 1900's had frequent house parties, drank at Black-owned speakeasies and taverns, and consumed bootleg or illegal alcoholic beverages, especially during the Prohibition years.[2] In regards to the current states of alcohol and African Americans, research and authorities indicate the following:

- - Heavy drinking on weekends and holidays continue to be a custom and tradition among a large proportion of African Americans.
- - African American alcohol use appears to be associated with a large percentage
- - Problems and negative consequences of African Americans such as homicides, accidents, illnesses, family disruptions, police arrests, violent attacks, and gambling
- - Liquor stores and dealers are very often a part of African American residential neighborhoods
- - Historical and social factors that have contributed to alcohol problems among African Americans include:

  (a) Historical drinking patterns developed during slavery and racial segregation;

  (b) the high prevalence of liquor stores in African American residential communities;

  (c) peer pressure and social expectations to drink and to drink heavily at times

  (d) numerous psychological/social pressures including unemployment, racial discrimination, and stressful urban residency.

All factors in regards to the current state of alcoholism have been discussed at great length by F. L. Brisbane and M. Womble,[3] M. P. Dawkins and F. D. Harper,[4] and L. Gray,[5]

to name a few. From a cultural perspective, Harvey states that frustration, alcohol availability, and permissiveness toward alcohol consumption contribute to alcohol abuse among African Americans.[6]

Larkins, in a historical analysis, contends that African Americans drink heavily to facilitate their adjustment to racial stress and discrimination which are constant reminders of color conscious America.[7] A similar view advanced by Maddox et al. contends that many Black males drink to compensate for feeling of social inadequacy.[8] Supporting this view, McClelland, maintains that alcohol helps the Black male adjust in a society where resources and opportunities are limited.[9]

Sterne and Pittman also explained motivational factors in alcohol use among Blacks. In an inner city public housing complex, data were analyzed on 404 subjects from 320 households, the majority of whom were Black. Alcohol was found to serve two functions: as an utilitarian function, it helped them to forget the handicaps of daily living which were often associated with racism and discrimination; as convivial drinking, it served a purely social function; alcohol was a catalyst which fueled conversation and provided incentives to socialize. Utilitarian and convivial drinking are both common among Black adult males of all ages. Convivial drinking has been identified as especially characteristics of some older

Black men.[10] Meyers et al. surveyed 928 older adults, 60 years and older living in urban areas. Blacks in the sample who were 75 and older who drank reported drinking mostly for convivial purposes to enhance sociability.[11]

Edwards surveyed 100 urban older adults which included Black males. Final results indicated that most respondents started drinking heavily between 55 and 64 years of age which is during a time period when alcohol consumption is expected to decline as part of the normal maturation process.[12] Caetano found alcohol-related problems increased in older age groups.[13]

Livingston determined that Black subjects are at a greater risk for developing primary and secondary health and behavioral problems associated with alcohol. These health problems include: (1) a greater propensity for delirium tremens; (2) earlier onset of delirium tremens; (3) more hallucinations and convulsions; (4) major medical complications; (5) high cirrhotic death rates; (6) more psychosomatic complaints; (7) severe neuroses and psychoses; and (8) high rates of esophageal cancer.[14]

The presence of alcoholism is staggeringly high in the African American communities, and unfortunately, a number of historical and cultural characteristics unwittingly contribute to this terrible plague among African Americans.

Family Relations and Support Networks

Taylor and Chatters, a long tradition of theory and research in the social sciences, has documented the critical position and functions of supportive networks in the economic, social, and political development of Blacks. These supportive networks, organized within family, church, and neighborhood settings, exert diverse and far reaching influences on individuals, families, and communities.[15]

Dono et al. similarly noted that research and theory acknowledge that individuals in the United States are not isolated from their kinship networks, but are members of modified extended families.[16] The modified extended family is characterized by frequent interactions, close affective bonds, and the exchange of good between family members. Members of the modified extended families typically live within visiting distance, interact by choice, and are connected to one another by means of mutual aid and social activities.[17]

Antonucci and Depner are among those noting that empirical research on social support has identified discrete changes in the nature of helping relationships across different age groups. Age variations in support indicate that older persons are less likely than younger individuals to provide assistance to network members and are less likely to receive assistance from family.[18]

Taylor and Chatters examined the role of church members as providers of assistance to adult Blacks and found older respondents were less likely than younger persons to receive support.[19] Billingley's seminal work on Black families outlined a typology of extended family structure in which differences in family structure were viewed as responses to economic hardship. A consistent theme in these studies is that informal support networks are an important component of individual and family survival.[20]

Benjamin et al. surveyed 113 Black heads of households in a southern community to ascertain their attitudes toward alcohol abuse, alcoholism, and treatment. A majority of these respondents considered alcohol abuse and alcoholism to be treatable, some, however, believed that alcoholics were hopeless, therefore, could not be helped. Rural respondents reported relying heavily on family networks to handle drinking patterns.[21]

Brisbane and Wells suggest an equally important point noting that the globally accepted belief that the involvement of families in treatment is the answer to achieving healthy sobriety. Because many Black families think alcoholism is proof of a "negative willful act", they also believe an alcoholic's treatment should be some form of punishment, a punitory act which hurts the alcoholic as much as the pain which the alcoholic inflicted on the

family. This attitude hardly bodes well as being supportive of family members or their own alcoholism treatment.[22]

Hudson's assertion that "Black alcoholics", who are isolated and alienated because of alcoholism, and desperately in need of primary group relations, are as easily attracted to the warmth and friendship of the average Alcoholic Anonymous group as anyone else.[23]In addition, it has been noted that Black women alcoholics, while they are very much in evidence in Alcoholic Anonymous groups, are most often in Black churches, trying to recover by sharing their "secret" with God, not the minister nor the congregation. The secret of a family member's alcoholism and his/her treatment are family support, when nothing else is evident. Families of Black alcoholics also need help with their denial.

Life Satisfaction

Major efforts have been devoted to the conceptualization and measurement of life satisfaction. Faris and Dunham noted a relation between low socioeconomic class and poor mental health. This study assumed that measures of life satisfaction are valid indicators of mental health, it seems reasonable to expect that low socioeconomic class (and, by definition, a minority status) will also be associated with low life satisfaction.[24] Jackson, Kolody, and Wood research has shown that this

conclusion does not necessarily hold for poor older African Americans.[25] In spite of the fact that large numbers of the older African Americans are poorly educated, with extremely poor housing and low income, many show greater life satisfaction than their White counterparts who live under comparatively better socioeconomic conditions as suggested by David Adams[26]and Bernice Bild and Robert Havighurst.[27]

Other research has suggested that the ability to sustain personal control and self-esteem is an important determinant of life satisfaction among elderly African Americans and Whites.[28] Beard corroborates the findings of Adams and Bild and Havighurst that variations in socioeconomic class alone are sufficient to account for life satisfaction and, perhaps, other indicators of mental health among older African Americans.[29]

Henderson's study concluded that lifelong patterns of adjustments among African Americans include the tendency to deny disadvantaged circumstances, this is relevant for the puzzling question of why elderly people of color express relatively strong life satisfaction even when their objectively viewed circumstances indicate poverty.[30]

Anxiety and Depression

Theories and studies of anxiety and depression need only be briefly viewed, since very few examined the African American elderly. The theories of personality anxiety is

conceptualized as a personality trait. The most popular measure of trait anxiety, the State-Trait Anxiety Inventory simply asks subjects whether they feel anxious much of the time (trait).[31] According to Izard[32] and Izard and Blumberg,[33] the development of learning with basic emotions results from the interaction of learning with basic emotions, resulting in stable effective-cognitive structures that are trait alike.

Beck's Cognitive Schemata notes that most emotions are innate, survival-oriented responses to an environment that has changed greatly. Beck's approach is not really a theory of anxiety, but rather a theory of anxiety disorders.

In one experiment, 33 subjects received a DSM-III diagnosis a dysthymic disorder on the basis of a schedule for Affective Disorders. These subjects were compared to 75 anxious subjects, whose diagnosis included agoraphobia with panic, panic disorder, generalized anxiety disorder, social phobia and simple phobia. This study revealed that the presence of depressive disorders with an additional depressive disorder were eliminated from analyses. The results indicated clear differences between anxious and depressed subjects, once the pressure and severity of depressive symptoms were controlled for by covariation procedures.[34] Depressed subjects displayed internal, global, and stable attributions for negative outcomes,

based on scores from the Attributional Style Questionnaire.[35]

Depression and anxiety are different cognitive-effective structures with essentially different underlying mood states. The primary differences are emotional and reflected in different "action tendencies" or readiness to cope. The lack of action tendencies in depressed individuals is reflected in the terms "helpless" or "hopeless", which clearly discriminate between anxiety and depression.[36]

To cope with the perils of a bigoted society, African Americans, regardless of age, must possess a high degree of individual ruggedness. Depression and despair observed in African Americans may, in fact, begin from birth and continue throughout life. Coping styles in the elderly have antecedents in early life. Clearly, there is much to learn from the African American elderly regarding coping mechanism.[37] The literature has been filled with descriptions of mental illness among elderly minorities with attention to etiologies, most specifically racism. For African Americans, racism is a major cause of emotional disabilities.

Late Onset Alcoholism

One important question is whether elderly alcoholics develop their alcohol problems during old age or at earlier points in their lives. While there are likely to be at

least four or five different patterns of alcoholism onset that describe the elderly alcohol abuse, most studies have simply categorized elderly alcoholics as either having an early or late onset of alcoholism.[38] The consensus of these studies is that approximately two-thirds of the elderly are "early onset" and one-third are "late onset" alcoholics who develop their drinking problems later in life.[39]

Older problem drinkers seem to drink as a means of coping with the stresses of aging. Older alcoholics, particularly late onset alcoholics, do seem to have deep-rooted psychological problems. Rosin and Glatt reported that late-onset alcoholism was associated with the stresses and problems of aging.[40] Rathbone-McCuan reported that older alcoholics drink primarily to alleviate depression and to escape their problems. Individuals at greater risk may be those who have both lost their spouse, and through retirement, the structure and reinforcement of unemployment.[41]

Retirement is an economic concept that masquerades a sociopsychological concept that has come to define a person's capacity to cope with life's routine. Although retirement is an economic concept, that fact does not diminish the very social and psychological problems confronting many African American retirees. Their problems

arise largely from the lack of equitable financial support, lack of companionship, and failing health.[42]

Many retirees live on incomes that are near or below the poverty line, and African Americans have incomes lower than their White counterparts. Although elderly African Americans have incomes lower than Whites, it is still not clear if or how the differences influence how African American elderly adjusts to retirement.[43]

The major factors which tend to affect the African American elderly retirement conditions are those of family and marital status, income, education, major lifetime occupation, health and access to supportive resources. Life satisfaction and contentment varies among them, typically being greater among those with good rating on psychological well-being or who have good mental health. Those who seem to have the least satisfactory adjustments to retirement are those in relatively poor health, with inadequate income resources, and ineffective support networks.[44]

Trillin studied the retirement community with 36 African Americans and 49 Whites on the situation and attitudes of older persons residing in a retirement community compared to those retiring in places with their younger families and found that there are some problems with the adaptation of their residents to the retirement

role. The study found that there was an onset of, not only alcohol abuse, but prescription drugs as well.[45]

There is evidence that retirement may have a negative affect on the aged African American. Even with this knowledge, the etiology of late onset alcoholism is unknown, and research efforts have failed to show a single cause for the development. It is probable that there is no single cause and that various factors interact to produce the disorder. Whatever the path, it is clear that there are the development of late onset alcoholism among the African American elderly population.

Theoretical Framework

The theory that underlies this study is the disengagement theory. The disengagement theory was initially assumed to apply to all races, culture, and social class. The theory also assumed the physical and economic well-being of all persons. At the core of the disengagement theory is the assumption that in natural development of events, older people withdraw from work and other social activity and society withdraws from the older person. Moreover, disengagement theory assumes that society and the older person mutually comply passively to this presumed natural development until the older person contently withdraws into death. Disengagement theory also asserts that the elderly welcome withdrawal and contribute to it. Research, though, has found that disengagement is

related less to old age itself than to the factors associated with aging, such as retirement, poor health, death of a spouse and of close friends, and impoverishment.[46]

Because the disengagement theory is a normative theory-focusing not so much on why people age, but rather on what must be done in order to age successfully, it is primarily studied in relation to measures of satisfaction with life. The theory suggests that the individual must withdraw from his or her productive roles before health fails to the personal reminiscing of one's previous roles performance results in only favorable images of the self. This strategy, supposedly, will promote satisfaction. Thus, not only does failure to consider adequate income impact negatively on the optimistic logic of the theory, but also the theory's usefulness is further eroded without resourceful life history on which to reminisce as the case of the African American elderly. Moreover, naively to seek variations in life satisfaction among people struggling to survive stress and isolation is at best absurd and at worse inhumanely cruel.

Take retirement, among elderly African Americans, where there is great pressure on the occupational structure from large numbers of maturing youth, and in the absence of an expanding economy, the creation of a period of forced retirement for the aged may be even more critical for

maintaining stability within the social group. However, while this retirement may be functional for the society and for the youth, it may have dysfunctional consequences for the elderly African American workers who were forced to retire.[47]

With this explanation of the disengagement theory as it relates to retirement, it is clear that an abundance of depression, anxiety, a lack of satisfaction and contentment with life, and may or may not be a loss of familial role may come into play. With these factors in mind, it is almost simple or even inevitable for the African American elderly to develop a late-onset of alcoholism as a coping mechanism.

Definitions of Terms

The basic concepts in relations to retirement, retirement community, and late-onset alcoholism in the elderly.

1. Abuse: to use wrongly or improperly.
2. Alcoholism: A self-destructive form of activity involving compulsive, addictive drinking, coupled with increased alcohol tolerance and the inability to abstain for long periods of time.
3. Anxiety: A state of uneasiness and distress about future uncertainties; apprehension; worry.
4. Depression: A condition of being lower in spirits; sadden.
5. Downtrodden: Oppressed; tyrannized.

6. Family relations: the belief in the strength and support of the family; close family units that are supportive resources to all of the family members.[48]
7. Late-onset alcoholism: Occurs in individuals after retirement. It is associated with the stresses and problems of aging.
8. Life satisfaction: the degree to which one actively adjusts to or attempts to master his/her environment and shows a unity of own personality.[49]
9. Retirement: Withdrawal from one's position or occupation or from active working life.
10. Retirement Community: A setting by which the elderly resides once they have departed from the work place.[50]
11. Support networks: Support systems (communal and exchange networks) that operates as an adaptive strategy within the social system as a system of mutual aid and support.[51]

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CHAPTER THREE

METHODOLOGY

Research Design

This descriptive study is designed to examine some of the factors contributing to the late onset of alcoholism among elderly African Americans residing in a retirement community.

Sampling

A non-probability convenience sample was used. This sample consisted of those individuals who were convenient to the research and was willing to respond to the researcher's questionnaire. The sampling population was drawn from the elderly African American population residing in a retirement community in Baldwin County.

Variables used to select this population included: elderly African Americans ages fifty-five (55) and older; late onset of alcoholism; retired and residing in a community in Baldwin County. A total of thirty-three (33) elderly retired African Americans were initially interviewed and met the criteria; however, only thirty (30) agreed to participate in the sample group.

The sample group consisted of twenty-five (25) African American males, and five (5) African American females. All subjects were between the ages of fifty-five (55) and older, experiencing the medical and psychological problems that the late onset of alcoholism might induce.

Data Collection Procedure (Instrumentation)

Before administering the questionnaire, preliminary tasks were accomplished. These included getting permission from the Director of Baldwin County Retirement Community and supplying the Director with a questionnaire. Confidentiality and anonymity was ensured. From the sample, persons were given option to refuse to participate in the study.

Each participate was interviewed initially. In each individual interview, the purpose and goals were given. Clear instructions for completing the questionnaire were provided. Time was allocated for each question and answered: the questionnaire took approximately one hour to complete, with seven (7) interviews administering the questionnaire to the participants. The questionnaire was collected from participants the day of completion.

The instrument utilized consisted of forty-five (45) items: nine (9) questions on demographics; six (6) questions on historical background; four (4) questions on anxiety and depression, and ten (10) questions on late onset of alcoholism.

Neugarten, Havighurst, Tobin, developed the Life Satisfaction Index to measure the psychological well-being of the elderly. It was designed to measure the life satisfaction of older people. It was developed from a rating scale that was designed to be used by rating

respondents and it may be administered orally or in writing. Based on research on this instrument it is recommended that the Life Satisfaction Index be used mainly with individuals over 65. Initial study of the Life Satisfaction was conducted with a sample of sixty (60) reported to represent a wide range of ages from sixty-five (65) years, sex, and social class. The Life Satisfaction is easily scored by assigning one point to each item that is "correctly" checked and summing up those scores.[1]

Reliability - no data were reported, but the rating scales from which the Life Satisfaction was developed had excellent inter-observer agreement.

Validity - the Life Satisfaction showed moderate correlations with the instrument from which it was developed, indicating some degree of concurrent validity.[2]

Additional information regarding Geriatric Depression was used. Brink and Yesavage developed this scale to measure depression in the elderly. The Geriatric Depression Scale is written in simple language and can be administered in an oral or written format. The main purpose for development of the Geriatric Depression Scale was to provide a screening test for depression in the elderly population that would be simple to administer and not require special training for the interviewer. The authors note that a scoring of 0 to 10 on the Geriatric Depression Scale is normal; 11 to 20 indicates moderate of

severe depression. The Geriatric Depression Scale is scored by totaling one point counted for each depressive answer and zero points counted for nondepressed answer.

The Geriatric Depression Scale has excellent internal consistency and split-half reliability. The Geriatric Depression Scale has excellent concurrent validity with correlations of .83.[3].

The family relations and social support networks, historical background, late onset of alcoholism, and demographic scales were designed by the researcher. In terms of norms, scoring, reliability, and validity, there is a need for additional testing and refinement.

The elderly African Americans residing in this retirement center did not express any anxiety about sharing this type of information; therefore, there were no alterations in the instrument.

Data Analysis

The collected data was coded on the SPSSX batched system of the Vax Computer System of the Clark Atlanta University Center. The data was analyzed using descriptive statistics, including frequency distributions and percentages.

ENDNOTES

1. Bernice Neugarten and R. Havighurst, "The Measurement of Life Satisfaction," Journal of Gerontology 16 (Summer 1961): 134-143.

2. R. J. Turner, B. J. Frankel and D. M. Levin, "Social Support: Conceptualization, Measurement and Implications of Mental Health," Community and Mental Health 3 (1983): 67-111.

3. J. A. Yesavage, T. L. Rose and V. O. Lurer, "Development and Validation of Geriatic Depression Screnning Scale," Journal of Psychiatric Research 17 (1983): 37-49.

CHAPTER FOUR

PRESENTATION OF RESULTS

Thirty predominantly African American individuals were surveyed in the Baldwin County Retirement Community. All of the individuals completed the data with the help of seven (7) volunteers administering the questionnaire.

Of the 30 respondents, 25 were African American men and 5 women, 55 years and older. The marital status of the respondents are: 7 (23.3%) were married, 1 (3.3%) was single, 16 (6.7%) were divorced. The majority of the respondents had an eighth grade education or less, with the lesser percentage having some high school and high school graduates. A larger percentage of the participants received their sources of income from Social Security, Retirement and Pension, ranging from five thousand to twelve thousand dollars annually. The respondents are in good to fair health conditions, with the largest percentage complaining of alcoholism (90%), heart conditions (60%), and diabetes (40%). See Appendix A, Tables 1-8, for the Demographic data represented in the above information.

Of the 30 individuals who responded, 26 (86.7%) stated that they were racially discriminated against and 4 (13.3%) had not been racially discriminated against.

Table 1

Participants Racially Discriminated Against

	Frequency	Percentage
Yes	26	86.7
No	4	13.3
Total	30	100.0

Table 2

Individuals Legally Segregated from Social Functions

	Frequency	Percentage
Yes	24	80.0
No	6	20.0
Total	30	100.0

Twenty-four (80%) indicated that as a child they were legally segregated from social functions and opportunities. Six (20%) indicated that they were not.

Table 3

Presence of Liquor Stores in Immediate Community

	Frequency	Percentage
Yes	10	33.3
No	20	66.7
Total	30	100.0

Of the respondents, 10 (33.3%) stated that there were liquor stores present in their immediate community while growing up, while 20 (66.7%) indicated that no liquor stores were present in their immediate community.

Table 4

Presence of Liquor Stills in Immediate Community

	Frequency	Percentage
Yes	19	63.3
No	11	36.7
Total	30	100.0

Out of the 30 participants studied, 19 (63.3%) indicated that there were the liquor stills present in their immediate environment while growing up. Eleven (36.7%) indicated that no liquor stills were present in their immediate community while growing up.

Table 5

Contact with Family Members

	Frequency	Percentage
Every day	5	16.7
Few times a month	17	56.7
Once a month	5	16.7
Not at All	3	10.0
Total	30	100.0

Of the total population (30) studied, 5 (16.7%) are in contact with their immediate family members every day, 17 (56.7%) are in contact a few times a month, 5 (16.7%) are in contact once a month and 3 (10%) are not at all in contact with their immediate family members.

Table 6

Contact With Friends and Neighbors

	Frequency	Percentage
Every day	7	23.3
Few times a month	15	50.0
Once a month	6	20.0
Not at all	2	6.7
Total	30	100.0

Out of the 30 respondents, 7 (23.3%) are in contact with their friends and neighbors every day, 15 (50%) are in contact a few times a month, 6 (20%) are in contact once a month and 2 (6.7%) are not at all in contact with their friends and neighbors.

Two (6.7%) rarely or none of the time feel powerless to do anything about life, 2 (6.7%) feel powerless a little of the time to do anything about their lives, 12 (56.7%) the largest number feel powerless to do anything about their life some of the time, 8 (26.7%) a good part of the time feel powerless, and 1 (3.3%) most of the time feel powerless to do anything about life.

Table 7

Feel Powerless to do Anything About Life

	Frequency	Percentage
Rarely or none of the time	2	6.7
A little of the time	2	6.7
Some of the time	12	56.7
A good part of the time	8	26.7
Most of the time	1	3.3
Total	30	100.0

Table 8

Feeling Downtrodden

	Frequency	Percentage
Rarely or none of the time	2	6.7
A little of the time	4	13.3
Some of the time	12	40.0
A good part of the time	8	26.7
Most of the time	4	13.3
Total	30	100.0

Out of the 30 participants studied, 2 (6.7%) rarely or none of the time felt downtrodden, 4 (13.3%) feel downtrodden a little of the time, 12 (40%) feel downtrodden some of the time, 8 (26.7%) feel downtrodden a good part of the time, and 4 (13.3%) feel downtrodden most of the time.

Table 9

Feeling Very Lonely or Remote From Other People

	Frequency	Percentage
Never	1	3.3
Seldom	9	30.0
Occasionally	18	60.0
Frequently	2	6.7
Total	30	100.0

One (3.3%) of the participants never feels lonely or remote from other people, 9 (30%) seldom feel lonely or remote from other people, 18 (60%) occasionally feel lonely or remote from other people, and 2 (6.7%) frequently feel lonely or remote from other people.

Table 10

Feeling Depressed or Unhappy

	Frequency	Percentage
Never	2	6.7
Seldom	7	23.3
Occasionally	16	53.3
Frequently	5	16.7
Total	30	100.0

The participants, 2 (6.7%) never feel depressed or unhappy, 7 (23.3%) seldom feel unhappy, 16 (53.3%) occasionally feel unhappy, and 5 (16.7%) frequently feels unhappy.

Table 11

Started to Drink Before Retirement

	Frequency	Percentage
Yes	5	16.7
No	22	73.3
Total	27	90.0

Five (16.7%) indicated that they started to drink prior to retirement, stopped drinking, then started back after retirement. Twenty-two (73.7%) indicated that they are late onset alcohol abusers.

Table 12

How Often Consumed Alcohol

	Frequency	Percentage
Every day	21	70.0
Once a week	6	20.0
Never	3	10.0
Total	30	100.0

When asked how often do the participants consume alcohol, 21 (70%) indicated that they drink every day, 6 (20%) indicated that they drink once a week and, 3 (10%) don't drink at all.

Table 13

Number of Alcoholic Drinks Consumed

	Frequency	Percentage
0-3	11	36.7
4-7	13	43.3
8-10	3	10.0
Total	27	90.0

Of the 27 participants that drinks, 11 (36.7%) consumed 0-3 drinks, 13 (43.3%) consumed 4-7 drinks, and 3 (10%) consumed 8-10 drinks.

Table 14

Used Alcohol to Overcome Depression

	Frequency	Percentage
Rarely or none of the time	3	10.0
A little or the time		
Some of the time	6	20.0
A good part of the time	15	50.0
Most all the time	6	20.0
Total	30	100.0

Alcohol to overcome depression was used by 3 (10%) rarely or none of the time, 6 (20%) uses alcohol some of the time to overcome depression, 15 (50%) uses alcohol a good part of the time, and 6 (20%) uses alcohol most of the time to overcome depression.

Table 15

Used Alcohol to Get Away From Problems

	Frequency	Percentage
Rarely or none of the time	3	10.0
A little of the time		
Some of the time	7	23.3
A good part of the time	13	43.3
Most all of the time	7	23.3
Total	30	100.0

In getting away from problems, 3 (10%) of the participants rarely or none of the time used alcohol, 7 (23.3%) used alcohol some of the time, 13 (43.3%) used alcohol a good part of the time, and 7 (23.3%) most all of the time used alcohol to get away from their problems.

Auxiliary Tables are in Appendix A depicting the responses to the other items in the questionnaire.

CHAPTER FIVE

SUMMARY AND CONCLUSIONS

Examination of the research literature supports the view that the causes of alcoholism among the elderly African Americans are not known. The results of the data suggests that: (a) negative historical backgrounds, (b) lack of family relations and support networks, (c) being dissatisfied with present life situations, and (d) anxiety and depression, are all variables that can lead to late onset alcoholism among the elderly African American population. The researcher found, that 73.3% of the population studied, were late onset alcohol abuser because of dissatisfaction with life situations, depression, and a lack of family relations and support networks. This view is supported in the literature of Peterson,[1] Izard and Blumberg[2].

Elderly African Americans are in the last stage of development in the life cycle. The psychosocial crisis, based on Erikson's psychosocial development theory, is integrity versus despair. The development task of redirecting their energy to new roles and the loss of status is manifested into feelings of dissatisfaction with life.[3]

There are persistent negative attitudes among professionals toward the African American elderly alcoholic. This population has special interest needs for

which social workers need to be sensitive and aware. Programs for this population has to be more comprehensive. The African American elderly historical background has to be taken into account before any form of treatment of prevention program will be effective. Larkins supports this notion by stating that African Americans drink primarily to facilitate and compensate for racial discrimination and feelings of social inadequacy.

This study supports much of the findings of previous studies by Harper,[4] and Brisbane and Womble.[5] It has been suggested that most African Americans drank to enhance sociability. The presence of alcohol in the immediate environment was high, a large percentage of this social group identified stills rather than stores. Hence, the presence of alcoholism is high as well as the health and behavioral problems associated with late onset of alcoholism or use.

This study suggests that education is the most promising tool yet available in the control of alcoholism.

Limitations of Study

The major limitations of this study is the fact that mostly all of the African Americans studied had the development of late onset alcoholism. Other groups were not observed to determine whether the variables used in this study: (a) historical background, (b) family relations and support networks, (c) life satisfaction, and

(d) anxiety and depression to attain a clearer picture as to how retirement effects the elderly African Americans who have successfully accepted this process.

Although much effort was put into the questionnaire to receive the most effective responses, some biases and opinions were noted. Since the researcher sought the respondents' opinion, this approach was acceptable.

There are no other noted descriptive studies or any other studies done on the attitudes and adjustment of the African American elderly residing in the Baldwin County Retirement Community. The researcher had to depend on records and assumptions of the staff.

Another limitation may be the small number of people in the sample population and restricted to African Americans. The majority of this population were men, only five were women. Most of the literature discusses the impact of alcoholism on African American males. Hudson asserts that this population is in need of primary group relations.

Suggested Research Direction

Corresponding to the dearth of overall data, there is an added need for research that appreciates the diversity of drinking behavior within the elderly African American population. Too often, the elderly African American group is viewed as an entity with the same drinking patterns as other populations.

Because of the theoretical disagreements about the causal factors and prevention designs for the late-onset of alcoholism among, not only the African American elderly, but the entire elderly population, there should be an investigation of the economic, political, and social impediments in programming for this population.

More than anything, there is the need for (a) government supported research on the drinking practices, problems, and dynamics of the elderly African American, and (b) a mass alcohol education campaign aimed at providing information, and more importantly, changing attitudes and values about alcohol and health for rural residential dwellers.

ENDNOTES

1. John Peterson, "The Social Psychology of Black Aging: The Effect of Self-Esteem and Perceived Control on the Adjustment of Older Black Adults," in Health and the Black Aged, ed. Wilbur Watson (Washington, D.C.: National Center on Black Aged, 1977).

2. C. E. Izard and M. A. Blumberg, "Emotion Therapy and the Role of Emotions in Anxiety in Children and Adults," in Anxiety and Anxiety Disorder, ed. A. H. Tuma and S. D. Maser (N.Y.: Erbaum, 1985).

3. Charles Zastrow and Karen Kirst-Ashman, Understanding Human Behavior and the Social Environment, (Chicago: Nelson Hall, 1987), 428-429.

4. R. Harper, "Self and Role Adjustment During Old Age," in Human Behavior and the Social Environment, (Chicago: Nelson Hall, 1987), 428-429.

5. F. L. Brisbane and M. Womble, ed. Treatment of Black Alcoholics (New York: Harverth, 1985).

CHAPTER SIX

IMPLICATION FOR SOCIAL WORK PRACTICE

The research study suggests that: (a) historical backgrounds, (b) family relations and support networks, (c) life satisfaction and contentment, and (d) anxiety and depression are all predisposing variables contributing to the late onset of alcoholism among elderly African Americans residing in a retirement community. With this knowledge in mind, the social work profession has many tasks at hand before effective treatment and prevention can be accomplished in the area of alcoholism as it relates to the African American elderly population.

Despite wide acclaim, prevention as a response to alcohol problems in the African American elderly population has received a very low priority. There are several reasons for this paradox, some of which transcends ethnic and racial affiliation. First of all, prevention is a deceptively non-threatening and logical solution in theory but extremely complex and cumbersome in practice. Little is known about how identified variables in the prevention approach actually operate to produce alcohol abuse. Prevention strategies ail to account for the multiplicity of variables that influence the abuse of alcohol late in life. What is needed in this respect are more explanatory than descriptive studies.[1]

There are a number of unresolved issues in the field of alcoholism as it relates to the elderly African American population. Controversy among the public and the professional continues to be polarized on the most effective approach to the prevention of alcohol-related problems. Some believe that priority should be given to early identification and treatment of alcohol-dependent African American elderly, while others favor a focus on education and limitation of alcohol availability aimed at the entire citizenry.

There is a growing demand for more attention to primary prevention approaches in the field of social work in relation to alcoholism among the elderly African American population. Traditionally, most social work effort has gone into direct intervention with the individuals and families, but there is an increasing interest in sound policy development as an approach to prevention. It is therefore incumbent upon the social work profession to prepare not only clinicians, but also those capable of beginning the task of developing comprehensive preventive strategies.[2]

In sum, no theoretical frame is comprehensive to address the range of complexities associated with the late onset of alcoholism among the elderly African Americans. There needs to be advanced studies in determining their psychosocial history, and in ecological theory that

pertains to the elderly African American alcoholic population.

ENDNOTES

1. Donald Peck, "Alcohol Abuse and the Elderly," Journal of Drug Issues, 22 (1979).

2. National Association of Social Workers, "Alcohol Use and Addiction," Encyclopedia of Social Work, 1988.

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APPENDIX A - AUXILIARY TABLES

AUXILIARY TABLES

Table 1

Item 1: Sex

	Frequency	Percentage
Male	25	83.3
Female	5	16.7
Total	30	100.0

Table 2

Item 2: Age

	Frequency	Percentage
54-65	7	23.3
66-75	18	60.0
76 and older	5	16.7
Total	30	100.0

Table 3

Item 3: Race

	Frequency	Percentage
African-American	30	100.0
White	0	0
Total	30	100.0

Table 4

Item 4: Marital Status

	Frequency	Percentage
Married	7	23.3
Single	1	3.3
Widowed	16	53.3
Separated	4	13.3
Divorced	2	6.7
Total	30	100.0

Table 5

Item 5: Education

	Frequency	Percentage
8th grade or less	13	43.3
Some high school	7	23.3
High school grad	5	16.7
Some college	2	6.7
College grad	3	10.0
Total	30	100.0

Table 7

Item 7: Religion

	Frequency	Percentage
Methodist	19	63.3
Baptist	5	16.7
Jehovah Witness	3	10.0
Catholic	2	6.7
Other	1	3.3
Total	30	100.0

Table 8

Item 8: Health Condition

	Frequency	Percentage
Excellent	1	3.3
Good	16	53.3
Fair	12	40.0
Poor	1	3.3
Total	30	100.0

Table 13

Item 13: Older Members of Family Drank for Leisure and Relaxation

	Frequency	Percentage
Yes	28	93.3
No	2	6.7
Total	30	100.0

Table 15

Item 15: Employment Opportunities to Facilitate Family Needs in the Community

	Frequency	Percentage
Yes	13	43.3
No	17	56.7
Total	30	100.0

Table 18

Item 18: Talk With Friends or Relatives on Telephone

	Frequency	Percentage
Everyday	7	23.3
Few times a month	13	43.3
Once a month	7	23.3
Not at all	3	10.0
Total	30	100.0

Table 19

Item 19: Engage in Different Social Activities in and Out of the Community

	Frequency	Percentage
Everyday	6	20.0
Few times a month	10	33.3
Once a month	13	43.3
Not at all	1	3.3
Total	30	100.0

Table 21

Item 21: Restless and Can't Keep Still

	Frequency	Percentage
Rarely or none of the time	1	3.3
A little of the time	4	13.3
Some of the time	13	43.3
A good part of the time	12	40.0
Most all the time	0	0.0
Total	30	100.0

Table 24

Item 24: Don't Sleep Well at Night

	Frequency	Percentage
Rarely or None of the time	3	10.0
A little of the time	4	13.3
Some of the time	12	40.0
A good part of the time	9	30.0
Most All the time	2	6.7
Total	30	100.0

Table 26

Item 26: Feel Appreciated by Others

	Frequency	Percentage
Rarely or none of the time	3	10.0
A little of the time	18	60.0
Some of the time	5	16.7
A good part of the time	3	10.0
Most all the time	1	3.3
Total	30	100.0

Table 27

Item 27: Enjoy Being Active and Busy

	Frequency	Percentage
Rarely or none of the time	6	20.0
A little of the time	10	33.3
Some of the time	8	26.7
A good part of the time	5	16.7
Most all the time	1	3.3
Total	30	100.0

Table 28

Item 28: Enjoy Being With Other People

	Frequency	Percentage
Rarely or none of the time	5	16.7
A little of the time	9	30.0
Some of the time	10	33.3
A good part of the time	5	16.7
Most all the time	1	3.3
Total	30	100.0

Table 29

Item 19: I am Irritable

	Frequency	Percentage
Rarely of none of the time	3	10.0
A little of the time	2	6.7
Some of the time	11	36.7
A good part of the time	13	43.3
Most all the time	1	3.3
Total	30	100.0

Table 30

Item 30: Get Upset Easily

	Frequency	Percentage
Rarely or none of the time	1	3.3
A little of the time	11	36.7
Some of the time	11	36.7
A good part of the time	5	16.7
Most all the time	2	6.7
Total	30	100.0

Table 31

Item 31: Feel My Situation is Helpless

	Frequency	Percentage
Rarely or None of the time	1	3.3
A little of the time	6	20.0
Some of the time	18	60.0
A good part of the time	4	13.3
Most of the time	1	3.3
Total	30	100.0

Table 34

Item 34: Feelings Bored

	Frequency	Percentage
Never	0	0.0
Seldom	4	13.3
Occasionally	21	70.0
Frequently	5	16.7
Total	30	100.0

Table 35

Item 35: Feeling Over Anxious

	Frequently	Percentage
Never	1	3.3
Seldom	7	23.3
Occasionally	18	60.0
Frequently	4	13.3
Total	30	100.0

Table 38

Item 38: Age Started to Abuse Alcohol

	Frequently	Percentage
55 - 64	21	70.0
65 - 74	6	20.0
75 and older	0	0.0
Total	27	90.0

Table 41

Item 41: Used Alcohol to Get Pleasure, Feel Good

	Frequency	Percentage
Rarely or none of the time	3	10.0
Some of the time	6	20.0
A good part of the time	14	46.7
Most of the time	7	23.3
Total	30	100.0

Table 44

Item 44: Used Alcohol to Escape From Boredom

	Frequency	Percentage
Rarely or none of the time	3	10.0
Some of the time	7	23.3
A good part of the time	10	33.3
Most of the time	10	33.3
Total	30	100.0

Table 45

Item 45: Used Alcohol to go Along With Friends

	Frequency	Percentage
Rarely or none of the time	6	20.0
A little of the time	6	20.0
A good part of the time	2	6.7
Some of the time	6	20.0
Most of the time	10	33.3
Total	30	100.0

APPENDIX B: LETTERS

CLARK ATLANTA UNIVERSITY

School of Social Work

Route 2, Box 187
Sparta, GA 31087
February 12, 1992

Mr. Robert Moore
Director, Baldwin County
Retirement Community
Vinson Highway
Milledgeville, Georgia 31061

Dear Sir:

I am a graduate student of Clark Atlanta University School of Social Work and I am conducting a research/survey to examine the factors contributing to the late onset of alcoholism among elderly African Americans residing in a retirement community. It is intended as a partial fulfillment for the requirements of the Master of Social Work Degree.

In this venture, I would like to ask you to please allow me to administer the attached questionnaire to the residents of the Baldwin County Retirement Community.

Thank you for your cooperation and help in this urgent matter. I hope to hear from you soon.

Sincerely,

Maggie Warren

Maggie Warren

CLARK ATLANTA UNIVERSITY

School of Social Work

March 26, 1992

Dear Participants:

As a graduate student in the Clark Atlanta University School of Social Work, I, Maggie Warren, am asking you to please complete the attached questionnaire. This questionnaire is a part of a research assignment for the completion of my thesis requirement.

Please answer all questions to the best of your ability, exhibiting total honesty. The questionnaire consists of 45 items that will be used to measure some of the factors contributing to the late onset of alcoholism among the elderly African American population.

In advance, I would like to personally thank you for your time and patience in this research. You can be assured that your responses will be kept in the strictest of confidence.

Sincerely,

Maggie Warren

Maggie Warren

JAMES P. BRAWLEY DRIVE AT FAIR STREET, S.W. • ATLANTA, GEORGIA 30314 • (404) 880-8000

Formed in 1988 by the consolidation of Atlanta University (1865) and Clark College (1869)

APPENDIX C - QUESTIONNAIRE

PERSONAL DATA AND HEALTH STATUS

Below are questions concerning your personal data and the condition of your health.

1. Sex (Check one) _____Male _____Female

2. Age (Check one)
_____54-65 _____66-75 _____76 and older

3. What is your race? (Check one)
_____African American _____White _____Hispanic
_____Other

4. Marital Status

_____Married
_____Single
_____Widowed
_____Separated
_____Divorced

5. Education

_____8th grade or less
_____Some high school
_____High school graduate
_____Some college
_____College graduate

6. Income

_____Pension
_____Social Security
_____SSI
_____Retirement
_____Welfare
_____Annuities

Amount of Income Annually

_____2,000 - 4,000
_____5,000 - 8,000
_____9,000 - 12,000
_____13,000 - 18,000
_____19,000 - 24,000
_____Over 24,000

7. Religion

_____Methodist
_____Baptist
_____Jehovah Witness
_____Catholic
_____Other

8. Generally speaking, how would you rate your present health condition? (Check one)

_____Excellent _____Good _____Fair _____Poor

9. Are you experiencing any of the health conditions listed below. (Please check all that apply)

_____Heart Disease
_____Diabetes
_____Liver Disease
_____Cancer
_____Bone Disease
_____Lung Disease
_____Alcoholism
_____Other (Please specify)

HISTORICAL BACKGROUND

The following questions are in reference to your historical background. Please answer by checking yes or no.

10. As early as you can remember, were you subject to racial discrimination?
_____Yes _____No

11. As a young person, were you legally segregated from most social functions and opportunities?
_____Yes _____No

12. Growing up, were there a high prevalence of liquor stores in your immediate community.
_____Yes _____No

13. If the older members of your family drank, did they drink alcohol for the purpose of leisure and relaxation?
_____Yes _____No

14. In your neighborhood, were there the presence of liquor steels that you are familiar with?
_____Yes _____No

15. Were there employment opportunities to facilitate your family needs in the community?
_____Yes _____No

FAMILY RELATIONS AND SUPPORT NETWORKS

The following questions are concerning your relationship with your family and support systems.

16. How often are you in contact with the members of your immediate family?

_____ Every day
_____ Few times a month
_____ Once a month
_____ Not at all

17. How often are you in contact with your neighbors and friends?

_____ Every day
_____ Few times a month
_____ Once a month
_____ Not at all

18. How often do you talk to your friends or relatives on the telephone?

_____ Every day
_____ Few times a month
_____ Once a month
_____ Not at all

19. How often do you engage in different social activities in and out of the community.

_____ Every day
_____ Few times a month
_____ Once a month
_____ Not at all

LIFE SATISFACTION

The following statements are designed to measure your degree of life satisfaction that you feel about your life. Answer all questions as carefully and accurately as you can by placing a check by the answer that applies to you.

20. I feel powerless to do anything about my life

_____Rarely or none of the time
_____A little of the time
_____Some of the time
_____Good part of the time
_____Most all the time

21. I am restless and can't keep still

_____Rarely or none of the time
_____A little of the time
_____Some of the time
_____Good part of the time
_____Most all the time

22. I have crying spells

_____Rarely or none of the time
_____A little of the time
_____Some of the time
_____Good part of the time
_____Most all the time

23. I have a hard time getting started on things I need to do

_____Rarely or none of the time
_____A little of the time
_____Some of the time
_____Good part of the time
_____Most all the time

24. I do not sleep well at night

_____Rarely or none of the time
_____A little of the time
_____Some of the time
_____Good part of the time
_____Most all the time

25. I feel downtrodden

_____Rarely or none of the time
_____A little of the time
_____Some of the time
_____Good part of the time
_____Most all the time

26. I feel that I am appreciated by others

_____Rarely or none of the time
_____A little of the time
_____Some of the time
_____Good part of the time
_____Most all the time

27. I enjoy being active and busy

_____Rarely or none of the time
_____A little of the time
_____Some of the time
_____Good part of the time
_____Most all the time

28. I enjoy being with other people

_____Rarely or none of the time
_____A little of the time
_____Some of the time
_____Good part of the time
_____Most all the time

29. I am irritable

_____Rarely or none of the time
_____A little of the time
_____Some of the time
_____Good part of the time
_____Most all the time

30. I get upset easily

_____Rarely or none of the time
_____A little of the time
_____Some of the time
_____Good part of the time
_____Most all the time

31. I feel that my situation is helpless

_____Rarely or none of the time
_____A little of the time
_____Some of the time
_____Good part of the time
_____Most all the time

ANXIETY AND DEPRESSION

Below is a list which describes how some people feel at different times. Please answer by checking the appropriate choice.

32. Feeling very lonely or remote from other people

_____Never
_____Seldom
_____Occasionally
_____Frequently

33. Feeling depressed and unhappy

_____Never
_____Seldom
_____Occasionally
_____Frequently

34. Feeling Bored

_____Never
_____Seldom
_____Occasionally
_____Frequently

35. Feeling over-anxious

_____Never
_____Seldom
_____Occasionally
_____Frequently

LATE ONSET ALCOHOL USE

Below are a mixture of questions and statements in reference to your onset of alcohol use. Please answer all questions to the best of your ability.

36. How often do you consume alcoholic beverages?

_____Every day
_____Once a week
_____Once a month
_____Never

37. How many drinks do you consume daily?

_____0-3
_____Once a week
_____Once a month
_____Never

38. At what age did you start to abuse alcohol?

_____55-64
_____65-74
_____75 and older

39. Are any other members of your family alcohol abusers? Please check all that apply.

_____Father
_____Mother
_____Sister
_____Brother
_____Son
_____Daughter

40. Are you reformed alcoholic, meaning started to drink at an earlier age, discontinued it, then resumed drinking once you retired?

_____Yes _____No

41. I use alcohol to get pleasure, feel good, get high

_____Rarely or none of the time
_____A little of the time
_____Some of the time
_____A good part of the time
_____Most all the time

42. I use alcohol to overcome depression

_____Rarely or none of the time
_____A little of the time
_____Some of the time
_____A good part of the time
_____Most all the time

43. I use alcohol to get away from my problems, forget my troubles.

_____Rarely or none of the time
_____A little of the time
_____Some of the time
_____A good part of the time
_____Most all the time

44. I use alcohol to enable me to escape from boredom for a while.

_____Rarely or none of the time
_____A little of the time
_____Some of the time
_____A good part of the time
_____Most all the time

45. I use alcohol to go along with my friends

_____Rarely or none of the time
_____A little of the time
_____Some of the time
_____A good part of the time
_____Most all the time